

Uttar Pradesh University of Medical Sciences

Saifai, Etawah - 206 130 (U.P.)

(Pan India Surveillance for Respiratory Viruses through DHR-ICMR VRDL Network)

Application Form (fill in English Capital Letter Only)

Post applied for

1- Name of the Candidate

Name of candidate In Hindi

2- Father/Husband's Name

3- Date of Birth

4- Nationality

5- Sex (M/F)

6- Category (SC/ST/OBC/EWS).....Sub category.....

7- Address (Permanent)

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8- Address (Correspondence)

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9- E-mail ID

10- Phone No..... Mob. No.

11- Educational Qualification

S. No.	Examination Passed	Board/University	Year of Passing	Subject	Marks obt.	Division

12- Experience:

Name of the Employers	Name of the Post	Date		Total Year/Months
		From	To	

Declaration

IS/o / D/o do hereby affirm and declare that above information are true and correct to the best of my knowledge and belief and nothing has been concealed there from. I also that the event of wrong information my candidature may be liable to be cancelled.

Date

Place

Signature of the Candidate